



# When Drug Reps' Gifts Bias Prescribing Patterns ...

## Abstract

Communications and interactions between pharmaceutical companies and doctors regarding drug promotion and marketing have been lately the focus of interest from an ethical point of view. These interactions are pervasive and often influential and beneficial for the patient but they may also have some undesirable consequences.<sup>1</sup> Concerns are about if drug promotion is inducing doctors to prescribe specific drugs and if it leads to the inappropriate clinical use of some drugs.<sup>2</sup>



**Pharmaceutical companies** allocate a significant annual budget for marketing their products. Part of this budget is allocated to doctors and pharmacists in the form of medical education activities such as symposia, direct monetary benefits, travel funds and research grants.<sup>3,4</sup>

An analysis of the 2014 data of the Open Payments programme found that 1,444 pharmaceutical companies reported paying 6.5 billion USD to more than 600,000 doctors and 1,100 teaching hospitals in the US.<sup>5</sup> Doctors engagement in promotional activity offered by pharmaceutical company is a global phenomenon.<sup>6</sup>

Several studies have explored the nature of marketing strategies by pharmaceutical companies in various high-income countries, such as United States and Canada.<sup>3,5</sup> DeAngelis describes a heavily incentive-laden strategy targeting various medical professionals.<sup>7</sup>

In 2001, Lakoff, a social anthropologist, examined whether the surge in antidepressant post financial crisis in Argentina was associated with

the social situation or with promotional practices of the pharmaceutical industry. Lakoff concluded that the surge could be best explained by the work of sales representatives and opinion leaders to convince doctors to prescribe the newer SSRIs.<sup>8</sup>

## Doctors' perceptions of drug reps

A Cochrane review by Fickweiler *et al.* (2017)<sup>9</sup> found that most attending doctors and residents have at least one interaction with pharmaceutical representatives (PRs) per month.<sup>10,11</sup> The frequency of interactions or gifts offered and accepted varied with private versus public hospital setting and the position of the doctor in the medical hierarchy.<sup>10,12</sup> Junior residents received twice as much free drug samples from PR interactions than senior residents.<sup>10</sup>

Participants working in private practice alone or in both sectors were more likely to receive gifts than doctors working in the public sector.<sup>13,14</sup> Most common gifts received were medical samples,<sup>11,15</sup> promotional material<sup>14,15</sup>

invitations for dinners,<sup>11</sup> invitations for CPD events,<sup>16,17</sup> scientific journals<sup>17</sup> and free lunches.<sup>11,18</sup>

They found that doctors have a positive attitude towards PRs<sup>12,19</sup> Doctors perceived PRs as important sources of education and funding,<sup>10,16</sup> while some studies reported sceptical attitudes about the contribution of PRs towards teaching and education.<sup>11,20</sup> Conference registration fees, informational luncheons, sponsorship of departmental journal clubs, anatomical models and free drug samples were considered as appropriate gifts.<sup>19</sup> Most of the doctors considered pharmaceutical information provided by PRs, industry-sponsored conferences and CPD events as important instruments for enhancing their scientific knowledge.<sup>16</sup> Compared with senior residents, significantly more junior residents felt that pharmaceutical representatives have a valuable teaching role.<sup>10</sup>

Most studies found that doctors do not believe that PR interactions impact their prescribing behaviour,<sup>11,12</sup> while other studies found that there was some extent of influence.<sup>15,16</sup> In addition, doctors considered their



**Table. Study in Lebanon of common incentives according to the three groups of participants.<sup>6</sup>**

Incentives	According to physicians	According to pharmacists	According to Pharmaceutical Representatives
Stationary	✓	✓	✓
Office equipment	✓	✓	✓
Office/ pharmacy furniture (including air conditioning, shelves etc.)	✓	✓	✓
Travel and accommodation	✓	✓	✓
Cash payments and grants	✓	✓	✓
Books and journal subscriptions	✓		✓
Sponsoring conferences, invitation to conferences and workshops	✓	✓	✓
Free Samples	✓	✓	✓
Electronic devices (Ipads, phones, laptops)	✓	✓	✓
Paid key speaker positions at conferences	✓	✓	✓
Paid TV speaker	✓		
Research funding	✓		✓
Position as medical advisory board at the company	✓		✓
Car loans		✓	
Sexual (pay for strip clubs/prostitutes) or drug representatives engage in sexual acts	✓	✓	✓
Free meals	✓	✓	✓
Deals and discounts		✓	✓
Pay syndicate fees	✓		
Pay for marriage/ honeymoon			✓
Local retreats and boat trips and family vacations	✓		✓

colleagues more susceptible than themselves to PR marketing strategies.<sup>16,21</sup> There was a strong correlation between the amount of gifts and the belief that PR interactions did not influence their prescribing behaviour.<sup>10</sup>

### International policy bans personal gifts

Many high-income countries have enacted laws to control the interaction between pharmaceutical companies and the medical profession. Similarly, most multinational pharmaceutical companies have adopted ethical codes of conduct to regulate their interaction with medical professions, prevent or discourage potentially unethical practices and assist both medical practitioners and representatives to conform to an agreed standard of promotional activities.<sup>22</sup>

The International Federation of Pharmaceutical Manufacturers and Association clearly indicates that personal gifts should be explicitly banned but promotional aids of minimal value and relevant to professional practice may still be allowed (eg, branded pens and pads), as are items of medical utility for patient care (eg, textbooks and anatomical models).<sup>23</sup>

References at rear of digital issue at [www.modernmedia.co.za](http://www.modernmedia.co.za)

## The Health Professions Council of South Africa (HPCSA)

Healthcare practitioners should at all times act in the best interests of their patients and regard the clinical needs of their patients as paramount. To this end, a healthcare practitioner should always try to avoid potential conflicts of interest and maintain professional autonomy, independence and a commitment to the relevant professional and ethical rules and policies applicable. Any conflicts of interest, incentives or forms of inducement that threaten such autonomy, independence or commitment to the appropriate professional and ethical rules and policies or that do not accord first priority to the clinical needs of patients, are unacceptable.

(HPCSA 2016 Book 11)



# Addressing the Need for an Ethical Environment for the Marketing of Health Products

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**Society has increasingly** high expectations of the healthcare industry which go beyond just legal compliance. Thus, over the past six years, a significant number of key industry suppliers of healthcare products have worked to establish the Marketing Code Authority (MCA)<sup>24</sup> and to develop and implement the Marketing Code Authority's self-regulatory code. Through their membership, these suppliers have committed to ensuring their products are marketed to healthcare practitioners, patients and consumers in an ethical manner.

The MCA is a non-profit self-regulatory body, with voluntary membership drawn from manufacturers of medicines, medical devices and IVDs. The Code is aligned with international and local best practice. The MCA is governed by a Constitution first signed in 2012.

The Medicines and Related Substances Act 101 of 1965 (the Medicines Act), regulates the advertising<sup>25</sup> of medicines, medical devices and IVDs but the legal provisions fall short of the ethical measures needed to ensure the independence of health practitioners and the provision of accurate and scientific information to consumers, patients and prescribers.

The MCA implements and enforces this Code which builds on the legislation by providing guidance on ethical aspects of the marketing of all health products. It provides standards and guidance on interactions with healthcare professionals, for the provision of information about products and for the thornier subjects such as attendance at conferences, sponsorships and other activities associated with product promotion.

## Code is an ethical marketing blueprint

Currently, compliance with the Code in the conduct of ethical and legitimate marketing activities for health products

is purely voluntary with 90 companies committed to compliance with the Code.

In a recent submission to Government, the MCA called for the Department of Health and the SA Medicines Regulatory Authority to publish regulations which would render the Marketing Code enforceable across the entire industry. The MCA has proposed regulating marketing practices and prohibiting practices that directly incentivise the prescription or use of health products – a practice which is not in the interest of patients. It is further recommended by the MCA that compliance with a Code of practice should be a requirement for the licensing<sup>26</sup> of manufacturers, importers and distributors of health products.

The MCA Code offers member companies, the public and healthcare practitioners, a blue print for ethical marketing. Fundamental to ethical marketing is the requirement that advertising claims do not mislead, such as by inflating claims, taking quotations out of context, misrepresenting statistics or making off-label claims for products, amongst others.

## CPD activities must not be seen as promotional events

The industry has always played a key role in the education of prescribers and patients on the use of products. The Healthcare Professions' Council of South Africa<sup>27</sup> has published ethical guidance on Continuing Professional Development (CPD) for practitioners and the MCA code aligns closely in terms of what represents acceptable practice. The bottom line is that CPD activities must not be treated as promotional events – strict checks and balances apply. The Code spells out requirements for sponsorships and promotional events which must be approved by code compliance officers in companies. Transparency, justification, contracts and record keeping are all key to this process.

Code enforcement provisions,

including fines and other sanctions,<sup>28</sup> empower the MCA to adjudicate complaints and implement sanctions in the event of a breach of the Code. Whilst the MCA has jurisdiction only over its members, it will accept a complaint from any person or company against a member. Should a complaint relate to a contravention of the legislation rather than a breach of the Code, the matter may be reported to the regulator.

## Draft regulations open for comment

The MCA is delighted that draft regulations for Section 18A of the Medicines Act have been published for comment. In December 2017, government published a call for comment on draft regulations pertaining to S18A(1),<sup>29</sup> which seeks to control the supply of medicines, medical devices or IVDs according to a bonus system, rebate system or any other incentive scheme.

The MCA sees this as the ideal opportunity to call on government to support similar regulations for the ethical marketing of health products. Section 18C of the Medicines and Related Substances Act makes provision for regulations to control marketing activities, but these have not yet been put in place. Now is an ideal opportunity to achieve this. What is needed is a framework for enforcing marketing codes and to structure guidelines for the development of acceptable standards for marketing codes.

The importance of promoting the independence of healthcare practitioners in their prescribing or dispensing of healthcare products for patients, cannot be over-emphasised. The continuing potential for unethical marketing of healthcare products to HCPs, patients and consumers, will impact directly on the quality of care received by patients, who should be the primary focus of our marketing efforts.

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